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CERTIFICATE OF MAILING UNDER 37 CFR 1.8

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04/01/2004

Applicant:

Christoph Becke et al

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Certificate of Mailing (1 page);

Petition for Extension of Time, Original and Copy (2 pages);

Fee Transmittal Form, Original and Copy (2 pages);

Request for Continued Examination (1 page);

Duplicate Copy of Amendment C filed July 27, 2006 (9 Pages);

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are required to respond to a collection of information unless it displays a valid OMB control number Effective on 1200 Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/816,374 **TRANSMIT** Filing Date 04/01/2004 For FY 2005 First Named Inventor Christoph Becke et al **Examiner Name** James Orville Hansen Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3637 TOTAL AMOUNT OF PAYMENT (\$) 790.00 2001P14043WOUS Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 502786 Deposit Account Name: BSH Home Appliances Corp. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES SEARCH FEES Small Entity** Small Entity **Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 500 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 80 150 Reissue 300 600 150 500 250 300 Provisional 200 100 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Multiple Dependent Claims Total Claims Extra Claims Fee Paid (\$) Fee Paid (\$) Fee (\$) - 20 or HP = 50.00 HP = highest number of total claims paid for, if greater than 20. Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) -3 or HP = 200.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets Fee Paid (\$) Total Sheets (round up to a whole number) x / 50 = -100 =4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Continued Examination Fee 790.00

SUBMITTED BY Registration No. 48,557 Telephone ₂₅₂₋₆₇₂₋₇₉₃₀ Signature (Attorney/Agent) Date August 16, 2006 Name (Print/Type) Craig J. Loes

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.